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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 17 + 9 Sheets
Drawings

Application Number	09/783,899
Filing Date	February 15, 2001
First Named Inventor	Shouichi Gotoh, et al.
Art Unit	3622
Examiner Name	John L. Young
Attorney Docket No.	MTS-3244US

ENCLOSURES (Check all that apply)

- Fee Transmittal Form
 Fee Attached
- Amendment/Reply
 After Final
 Affidavits/Declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Information Disclosure Statement
- Certified Copy of Priority Document(s)
- Response to Missing Parts/
Incomplete Application
- Response to Missing Parts under
37 CFR 1.52 or 1.53

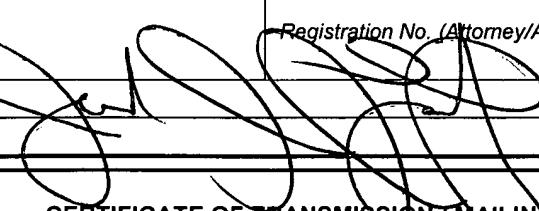
- Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a
Provisional Application
 Power of Attorney, Revocation,
Change of Correspondence
Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____

- After Allowance Communication
to Technology Center (TC)
 Appeal Communication to Board
of Appeals and Interferences
 Appeal Communication to TC
(Appeal Notice, Brief, Reply
Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please
identify below):
 Return Postcard

Remarks:**RECEIVED**

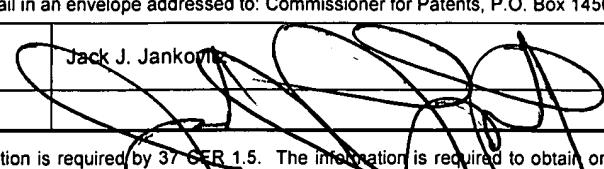
AUG 13 2004

GROUP 3600**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Jack J. Jankovitz	Registration No. (Attorney/Agent)	42,690
Signature			
Date	August 5, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Jack J. Jankovitz	Date	August 5, 2004
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 1, 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
18

Complete if Known

Application Number	09/783,899
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Attorney Docket No.	MTS-3244US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Other None
Order

 Deposit Account **(use as backup only)**

Deposit Account Number
18-0350

Deposit Account Name
RatnerPrestia

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
-
- Credit any overpayments
-
-
- Charge any additional fee(s) or any underpayment of fee(s)
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)
0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	95	-94**	= 1	X 18	= 18	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	-3**	= 0	X	= 0			
Multiple Dependent				X	= 0			

SUBTOTAL (2)

(\$)
18

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)
0

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Jack J. Jankovitz	Registration No. Attorney/Agent)	42,690	Telephone	(610) 407-0700
Signature				Date	August 5, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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